

<i>SERFF Tracking Number:</i>	<i>MUTM-126431079</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44432</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UC7232_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UC7232_AR</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-126431079 State: Arkansas
Advertising - UC7232_AR

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Filed State Tr Num: 44432
Standard Plans 2010

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: JAMIE LUCY State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Author: Jamie Lucy Disposition Date: 01/21/2010

Date Submitted: 12/23/2009 Disposition Status: Filed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: UC7232_AR

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/21/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/21/2010

Created By: Jamie Lucy

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jamie Lucy

Filing Description:

Please see cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com

Consultant

Regulatory Affairs 402-351-2476 [Phone]

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Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$25.00	12/23/2009	33051779

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Disposition

Disposition Date: 01/21/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	cover letter	Accepted for Informational Purposes	Yes
Form	Brochure	Filed	Yes

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Company Tracking Number: JAMIE LUCY

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Standard Plans 2010

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Form Schedule

Lead Form Number: UC7232_AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 01/21/2010 R	UC7232_A	Advertising	Brochure	Initial			UC7232_AR.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY

2010 Medicare Supplement Insurance Plans

Plans with coverage effective dates on and after June 1.



Spontaneous.
FUN! Fearless.

Whether you're six or sixty something, playing keeps you young-at-heart. The difference now, of course, is that you have adult responsibilities, including making sound financial decisions.

You'll probably enjoy playing, however you define it, even more when you feel you've got your bases covered.

A Medicare supplement insurance policy from United of Omaha Life Insurance Company can help you attain that secure feeling.

With a Medicare supplement, you

- *Keep your doctors and health care providers*
- *See specialists without referrals*
- *Receive benefits with no waiting period**
- *Enjoy guaranteed coverage for life**
- *Don't pay a policy fee with our plan*

Add our helpful midwestern customer service staff and affordable premiums – including a discount for your eligible spouse or household resident – and you have the financial value and security you seek.

**see details on back cover*

Underwritten by

United of Omaha Life Insurance Company

A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

United of Omaha Life Insurance Company is licensed nationwide except in NY.

We've got you covered. **GO PLAY!**

Select the Medicare Supplement Plan that’s Right for You

	Medicare Pays	Plan A Pays	Plan F Pays	Plan G Pays
Medicare Part A Hospital Insurance*				
Deductible	Nothing		\$1,100	\$1,100
First 60 days	100%			
Coinsurance 61-90 days	All but \$275 a day	\$275 a day	\$275 a day	\$275 a day
Coinsurance 91-150 days	All but \$550 a day	\$550 a day	\$550 a day	\$550 a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints
Skilled Nursing Facility Care				
First 20 days	100%			
Coinsurance 21-100 days	All but \$137.50 a day		Up to \$137.50 a day	Up to \$137.50 a day
Hospice Care				
Outpatient Prescription Drugs	All but \$5	\$5	\$5	\$5
Inpatient Respite Care	All but 5%	5% of Medicare’s approved amount	5% of Medicare’s approved amount	5% of Medicare’s approved amount
Medicare Part B Medical Insurance*				
Deductible	Nothing		\$155	
Coinsurance	80%	20%	20%	20%
Excess Benefits			100% up to Medicare’s limit	100% up to Medicare’s limit
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints
Additional Benefit*				
Emergency Care Received Outside the U.S.	Nothing		80% to lifetime max of \$50,000	80% to lifetime max of \$50,000

* Refer to the next page and your outline of coverage for more information.

Your Premium
\$ _____

Your Premium
\$ _____

Your Premium
\$ _____

Medicare Part A Hospital Coverage

Medicare Part A hospital/skilled nursing facility care eligible expenses include charges for semiprivate room and board, general nursing and miscellaneous services and supplies.

Deductible – Plans F and G pay the \$1,100 inpatient hospital deductible for each benefit period, which begins the first full day you're hospitalized and ends when you haven't been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance – Plans A, F and G pay \$275 a day when you're hospitalized from the 61st through the 90th day. And, when you're in the hospital from the 91st day through the 150th day, you receive \$550 a day for each Lifetime Reserve day used.

Extended Hospital Coverage – When you're in the hospital longer than 150 days during a benefit period, and you've exhausted your 60 days of Medicare Lifetime Reserve, Plans A, F and G pay the Medicare Part A eligible expenses for hospitalization, paid at the

rate Medicare would have paid, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood – Plans A, F and G pay Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

Skilled Nursing Facility Care Benefit

Coinsurance – Plans F and G pay up to \$137.50 a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Hospice Care Benefit

Outpatient Prescription Drugs – Plans A, F and G pay \$5 per prescription for outpatient prescription drugs for pain and symptom management.

Inpatient Respite Care – Plans A, F and G pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest).

Medicare Part B Medical Coverage

Medicare Part B eligible expenses include charges for physicians' services, hospital outpatient services and supplies, physical and speech therapy and ambulance service.

Deductible – Plan F pays the \$155 calendar-year deductible.

Coinsurance – After the Medicare Part B deductible, Plans A, F and G pay 20% of eligible expenses. For hospital outpatient services, the copayment amount

will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plans F and G pay 100% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood – Plans A, F and G pay Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

Additional Benefit

Emergency Care Received Outside the U.S. – After you pay a \$250 calendar-year deductible, Plans F and G pay you 80% of eligible expenses for health care you

need because of a covered injury or illness beginning during the first 60 days of each trip up to a lifetime maximum of \$50,000.

Plan Overview

Your United of Omaha Medicare supplement insurance policy helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. **There may be charges above what Medicare and United of Omaha pay.**

Your Medicare supplement will not pay for:

- any expense incurred before your policy date
- hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this policy is not in force
- expense paid for by Medicare

- services for non-Medicare eligible expenses
- services for which no charge is made when there is no insurance
- loss or expense that is payable under any other Medicare supplement insurance policy or certificate

Medicare eligible expenses means charges of the kinds covered by Medicare Parts A and B, to the extent Medicare recognizes them as reasonable and medically necessary.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by United of Omaha.

Features Give You More Peace of Mind

You're covered immediately. There is no waiting period for preexisting conditions and benefits will be paid from the time your policy is in force.

Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information is correct on your application.

Your Medicare supplement benefits will automatically increase as Medicare deductibles and coinsurance increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you, your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31-day grace period.

You can't be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes when the same premium change is made on all in-force Medicare supplement policies of the same form issued to persons of your classification in the same geographic area of your state. Your policy's two-person household premium discount ends if the person you live with terminates his or her policy or moves to a different residence.



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

This is a brief description of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, limitations and reductions, please read your outline of coverage and your policy.

This is a solicitation of insurance and an insurance agent will contact you by telephone.

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: cover letter	Accepted for Informational Purposes	Date: 01/21/2010
Comments:		
Attachment:		
AR Letter App.pdf		

UNITED of OMAHA

UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600



December 23, 2009

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #261-69868
FEIN #47-0322111
United of Omaha Life Insurance Company
Medicare Supplement Advertising
UC7232_AR

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Carly Cole
Product and Advertising Compliance Consultant
Regulatory Affairs

Phone: 402-351-2476
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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